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Technology Center 2100

PTO/SB/21 (12-97)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/044,426
	Filing Date	March 19, 1998
	First Named Inventor	J. Sam Cureton
	Group Art Unit	2161
	Examiner Name	T. Dixon
Total Number of Pages in This Submission	Attorney Docket Number	0972-0111

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Declaration Unsigned, CPA Application, Marked Up & Clean Version of Claims 1 & 13 & Return Receipt Postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Steven R. Bartholomew	Registration No. 34,771
Signature		
Date	May 6, 2002	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: May 6, 2002			
Typed or printed name	Mary Nagle		
Signature		Date	May 6, 2002

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PTO/SB/29 (2/98)
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))		-20* =		x \$ _____ =	\$
INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))		-3** =		x \$ _____ =	
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))				+ \$ _____ =	
				BASIC FEE (37 C.F.R. § 1.16)	740.00
				Total of above Calculations =	740.00
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).					
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.					TOTAL = 740.00

6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 08 - 2776 :

- a. ☒ Fees required under 37 C.F.R. § 1.16.
b. ☒ Fees required under 37 C.F.R. § 1.17.
c. ☐ Fees required under 37 C.F.R. § 1.18.

8. ☐ A check in the amount of \$ _____ is enclosed.

9. ☐ Other: _____

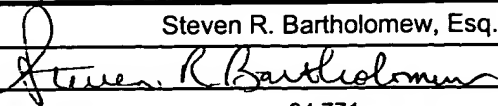
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NOTE:

The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px dashed black; width: 200px; height: 50px; margin: 10px auto;"> (Insert Customer No. or Attach bar code label here) </div> or <input checked="" type="checkbox"/> New correspondence address below					
Name	Steven R. Bartholomew, Esq. Morgan, Lewis & Bockius, LLP				
Address	Lincoln Building 101 Park Avenue				
City	New York	State	NY	Zip Code	10178
Country	USA	Telephone	(212) 309-6000	Fax	(212) 309-6273

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print IType)	Steven R. Bartholomew, Esq.
Signature	
Registration No. (Attorney/Agent)	34,771
Date	May 6, 2002